

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90023 031 \*\*\*150.00

**DOCUMENT # K46182**

1. Entity Name  
**WESTERN APPALACHIAN SPECIALTY PROJECTS, INC.**



Principal Place of Business  
**% WILLIAM T. MOORE  
2005 N. HALIFAX DRIVE  
DAYTONA BEACH, FL 32118**

Mailing Address  
**PO BOX 305  
ORMOND BEACH, FL 32175**

**24023970**



03122004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2934896**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**MOORE, WILLIAM T.  
2005 N. HALIFAX DRIVE  
DAYTONA BEACH FL, FL 32118**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
MOORE, WILLIAM T.  
2005 N HALIFAX DR  
DAYTONA BCH., FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
MOORE, WILLIAM, T, III  
1301 OAK FOREST DR.  
ORMOND BEACH, FL 32174**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**.STD  
MOORE, MOLLY, E  
117 PINE TREE DR  
ORMOND BEACH, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
MOORE, KAY D  
2005 N HALIFAX DR  
DAYTONA BCH., FL 32118**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William T Moore* **William T Moore President** **3/15/04** **386-258-0309**